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Bib Data Sheet

CONFIRMATION NO. 4360

<b>SERIAL NUMBER</b> 10/603,908	<b>FILING OR 371(c) DATE</b> 06/25/2003 <b>RULE</b>	<b>CLASS</b> 002	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> 47322-0003	
<b>APPLICANTS</b> Robin Birns, Cooper City, FL;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 09/11/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 20822					
<b>TITLE</b> Infant sleep support					
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		